



[Casualty Application]

CONTRACTORS LIABILITY APPLICATION



T: 604.685.6533 TOLL FREE T: 1.877.685.6533 F: 604.685.6554 E: info@cansure.com W: www.cansure.com

CONTRACTORS LIABILITY APPLICATION

PART 1 GENERAL INFORMATION

Broker: _____ Contact Person: _____ Tel: _____

Name of Insured (Full Legal Name): _____

Mailing Address: _____ Postal Code: _____

Risk Location Address: _____ Postal Code: _____

Name of Principal(s): _____

Business Operations: _____

Website Address (if applicable): _____

Number of Years in Business: _____ Desired Effective Date: _____

Previous Insurer: _____ Expiring Premium (If Known): _____

Has any Insurer cancelled, declined, or refused you coverage? Yes No
If yes, please provide details:

LOSS EXPERIENCE:

Describe any insured and uninsured losses having occurred in the past 5 years and state the date and value of each loss, before the deductible (if any) was applied:

PART 2 GENERAL LIABILITY UNDERWRITING INFORMATION

Full description of Business Operations: _____

Year business established: _____ Experience of the principal / partners: _____

Total Number of Employees: _____ Full-time Employees: _____ Part-time Employees: _____

Gross Receipts (**Operations**) : _____ Gross Receipts (**Products**): _____ Any US sales? Yes No If yes, _____ %

Require percentage breakdown in gross receipts for each aspect of their operations (if applicable): _____

Any off premise exposure? Yes No If yes, explain and what _____ %

Cost and description of any sublet operations: _____

If sublet operations, does the applicant request proof of liability insurance from these sub-contractors? Yes No

Does the applicant engage in any of the following operations? *If yes, describe on separate attachment.*

Demolition	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Drilling	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Welding (Off Premises)	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Welding (On premises)	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Blasting	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Spraying (Pressure Washing)	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Spraying (Paint)	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Spraying (Pesticides)	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Airport Premises	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Excavation Work (Maximum Depth)	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Propane Work	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Ships or Docks	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Roofing Work	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Shoring/ Tunneling/ Underpinning	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Insulation (Installation/removal)	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Swimming Pool Work	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Cranes, use of	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Bridge Work	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

Are any formal contracts entered into by the applicant? Yes No

If yes, explain:

Does the Applicant rent or lease equipment to others? Yes No

If yes, explain:

Is any gas line work done? Yes No

If yes, explain:

Has any work or operations been discontinued during the past 5 years? Yes No

If yes, explain:

Please list and describe 3 of the most recent largest contracts completed – including the contract price.

Miscellaneous underwriting information/comments:

COVERAGE REQUIREMENTS

Limit(s) of Liability Insurance required: \$ _____

Deductible Requested: \$ _____

Tenants Legal Liability required: \$ _____

Deductible Requested: \$ _____

NOTICE TO APPLICANT:

Consumer and previous insurer reports containing personal, credit, factual or investigative information about the applicant may be sought in connection with this Applicant for Insurance or any renewal, extension or variation thereof. All provisions contained in the various forms issued under this contract shall be deemed to be contained in the present Application of Insurance. The policy may be deemed to be void and claims may be denied where:

- 1) An applicant for a contract:
 - a) Gives false or erroneous information to the prejudice of the insurer, or
 - b) Knowingly misrepresents or fails to disclose in the Application any fact required to be stated therein; or
- 2) The Insured contravenes a term of the Contract or commits a fraud; or
- 3) The Insured willfully makes a false statement in respect of a claim under the contract.

I CERTIFY THAT ALL STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND ACCURATE AND APPLY FOR A CONTRACT OF INSURANCE BASED UPON THE TRUTH OF THE STATEMENTS.

I AM IN AGREEMENT THAT THIS DECLARATION SHALL HEREBY FORM PART OF THE INSURANCE CONTRACT.

Applicants Signature:

Position:

Please Print Name:

Date: